

STAT

Approved For Release 2003/08/13 : CIA-RDP84B00890R000400010037-5

Approved For Release 2003/08/13 : CIA-RDP84B00890R000400010037-5

81-1442

7 July 1981

MEMORANDUM FOR: Acting Director of Medical Services

FROM:

medical

STAT

Environmental Health and Preventive Medicine Officer

SUBJECT:

Per your request, a list of principal EH&PMO activities during the past few months; and recommendations regarding industrial hygienist

1. The following are the principal activities of the EH&PMO during recent months:

A. X-rays

EH&PMO evaluated current professional guidelines (both private and governmental) on X-ray screening. He formulated a policy which brings OMS in line with these guidelines while preserving flexibility requisite to our unique function. The effect will be a substantial reduction (over 1000 annually) in required chest X-rays. In addition, EH&PMO evaluated in depth the costs and benefits of reimplementing an OMS mammography program for the detection of breast cancer among Agency employees. This led to a detailed report recommending such a program be undertaken, with costs and benefits clearly quantified.

Much work remains to be done on the X-ray problem within the Agency, particularly as it relates to the non-medical use of X-rays. A joint EH&PMO and Industrial Hygiene study of this problem needs to be undertaken, and suitable policy formulated.

STAT

B.

The EH&PMO is currently evaluating the problem, and will be the OMS focal point for further activity on this issue (as he is for Agent Orange). It seems likely that he will be the Agency focal point for any further evaluation and response to the data acquired to date by the Office of Personnel.

STAT

C. OMS Hearing Policy

There appears to be significantly more hearing impairment among Commo employees and others exposed to loud workspace noises than can be attributed to aging alone. EH&PMO initiated a computer-based study to establish the extent of this problem.

EH&PMO also investigated current Federal guidelines on conservation and compensation, and invited speakers from the Bureau of Workman's Compensation and the principal author of the OSHA-sponsored hearing conservation amendment now due to be implemented 1 August 1981. EH&PMO formulated OMS policy on hearing (OMS Policy Guideline No. 2) which resolved many long-standing problems on employee assignability and patient referral, simplifying both, and greatly facilitated the working relationship between OMS and Commo, Safety, and Personnel on this issue.

The major remaining problems in this area are the need to promulgate an Agency-wide notice on this subject, and to undertake a joint EH&PMO and Industrial Hygiene study of all suspect work areas in an attempt to bring them down to safe noise levels. The most challenging aspect of this problem will be working with OSO to develop satisfactory protection for those wearing headsets.

D. CRTs

Widespread concern is evident both within and outside the Agency as to the health risks of CRT utilization. EH&PMO has investigated the current evidence on this issue, as well as NIOSH recommendations (still in press), and invited speakers from NIOSH responsible for formulating government policy on the subject. EH&PMO formulated tentative OMS policy on CRT users, and organized a Working Group on CRT Health and Human Factors, bringing together relevant PSD, CAD, and EH&PMO functions within OMS, and industrial hygienist from Safety Group in OS. This group represents the first coordinated effort within the Agency to deal with and avoid the potential (and extensive) health problems associated with CRT usage.

The major remaining problem is to bring the OMS policy on CRTs and the existence of the CRT Working Group to the attention of the user community within the Agency. As more informed input is made in the selection of CRT-related equipment and more information provided in training courses, the associated medical problems should be minimized.

E. Employee Complaints

STAT
STAT
In conjunction with the Safety Group, the EH&PMO evaluated specific claims by groups or individuals that their office workspaces have led to significant health problems. This has involved, among other things, questions about water safety in [redacted] STAT
[redacted] respiratory and allergy problems [redacted]
menstrual irregularities [redacted] and problems with cigarette smoke, heat and humidity in headquarters. Other questions involving unusual disease patterns have been or are under investigation. These problems all involve the joint response of the EH&PMO and the Industrial Hygienist. STAT

F. Tuberculosis Prevention

EH&PMO evaluated current professional guidance (both private and governmental) on tuberculosis prevention, and formulated and implemented the first comprehensive OMS TB screening program of Agency employees.

G. Occupational Health Surveys (Computer monitoring)

EH&PMO has identified sources of health related computerized data scattered throughout the Agency, including PERSEAS, PERSIGN, and PAB (overseas medical and compensation) files in the Office of Personnel, and the sick leave files in Office of Finance, in addition to the MEDSIGN and PSD files within OMS. In conjunction with the MSDO and Systems Analyst, EH&PMO has formulated a program to allow some epidemiologic surveys by various demographic parameters within PERSIGN and PERSEAS. A new program has been created to monitor overseas medical activity, as well as deaths among active Agency employees and CIARDS retirees. The language used in the PAB records also has been made compatible with that in OMS. A Prospective Study Group has been organized by EH&PMO designed to try to pull together all the extant data in a way which will allow more meaningful evaluation and prevention of medical problems of Agency personnel both in CONUS and abroad.

These efforts are designed to help identify current problems as well as to prepare for the "unexpected" questions which inevitably will arise regarding geographic or work exposures in the future. Assistance from the appropriate OP office on CIARDS deaths will facilitate this effort. More important will be ODP willingness to "marry" the extant files into a usable resource.

2. It is evident that the foregoing has required a close interface with the Safety Group within the Office of Security, and with MSDO and Systems Analyst within OMS. EH&PMO strongly supports the creation by ODP of a centralized medical records system which will encompass all the various Agency components currently collecting such data, and allow its meaningful use as an indicator of potential or real medical problems.

In addition, EH&PMO feels the "occupational health" function would be greatly enhanced by the presence of a full-time industrial hygienist within OMS. This is a far more appropriate location than the Office of Security, whether in or out of the Safety Group. Both Department of State and NSA locate their industrial hygienist within the medical departments, where they work closely with the EH&PMO counterparts. The rationale is apparent:

A. The assessment of individual or group complaints - be they related to radiation, hearing, chemicals, or whatever - can only be accomplished through the joint efforts of a physician to look at employee health and an industrial hygienist to assess the environment. To make these two individuals

responsible not only to separate supervisors, but to separate offices introduces many potential and real bureaucratic obstacles to the smooth functioning of the operation.

- B. The "functional" approach (e.g., hearing, CRT, radiation, etc.) lends itself naturally to the combined efforts of an EH&PMO-type person and an industrial hygienist. It is only through such an approach that the many major occupational problems facing the Agency can ever be systematically resolved. Safety Group, however, is greatly constrained by the ongoing requirement that they do regular area inspections that involve much effort on the issues of physical safety (fire, etc.), not really requiring an industrial hygienist. This poses a never ending staffing problem, and both wastes the time of the industrial hygienist and prevents sufficient concentration of time on the interoffice and interdirectorate problems such as hearing loss (e.g., Commo, OSO) CRTs, and radiation dangers. Coordinating EH&PMO efforts with those of Safety and other essential elements is greatly hampered.
- C. In lieu of hiring a new industrial hygienist (although another could be well employed), the EH&PMO proposes that the currently employed industrial hygienist in the Safety Group be detailed to OMS to work with the EH&PMO and other OMS components for a one-year trial period. This will allow many major occupational medical problems to be resolved while preserving the essence of the purely safety function in the Safety Group. When Safety Group encounters more purely industrial hygiene problems, these can be addressed from within OMS by the industrial hygienist and the EH&PMO.



STAT